

1. N. B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in
2. WALLS MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
3. ORDER OF BIRTH MUST BE SHOWN

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 149
Registered No. 166

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami - Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mildred Marie Davis { If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth April 13 1929
Month Day Year

8. FATHER
Full name George Harvey Davis

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Texas
(State or country)

13. Occupation Miner
Nature of Industry Copper

14. MOTHER
Full maiden name Evelyn Gertrude Brock

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race white 17. Age at last birthday 17 (Years)

18. Birthplace (city or place) Brady
(State or country) Texas

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:05 P. m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. H. Miller (Physician or midwife).

Given name added from a supplemental report. _____ Address Miami, Arizona
Month, day, year _____ Filed Sept 20 1929 Registrar G. E. Brown
Registrar

442-413-522